

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3		1				
4	1					
5	1					
6	1					
7	3					
8	3					
9	3					
10	3					
11	3					
12	3					
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TOTAL IND.	4					
TOTAL DEP.	17	←	↓	←	↓	←
TOTAL CLAIMS	21	██████	██████	██████	██████	██████

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		←	↓	←	↓	←
TOTAL CLAIMS		██████	██████	██████	██████	██████